



Cheyenne River
Sioux Tribe

Crow Creek
Sioux Tribe

Spirit Lake
Dakota Nation

Flandreau Santee
Sioux Tribe

Lower Brule
Sioux Tribe

Oglala
Sioux Tribe

Omaha Tribe
of Nebraska

Ponca Tribe
of Nebraska

Rosebud
Sioux Tribe

Sac & Fox Tribe
of the Mississippi
Indians in Iowa

Santee Sioux Nation
of Nebraska

Sisseton-Wahpeton
Oyate

Standing Rock
Sioux Tribe

Mandan, Hidatsa,
Arikara
Affiliated Tribes

Trenton Indian
Service Area

Turtle Mountain
Band of Chippewa

Winnebago Tribe
of Nebraska

Yankton Sioux Tribe

Legislative Research Council Agenda

- Changing Public Health Laws to extend beyond infectious disease outbreaks
 - CDC Epi Aid to address maternal substance abuse disorders during pregnancy
 - Examples: Non-communicable disease Epi Aids 2012-2016 (See Attachment 1)
 - South Dakota Law Chapter 34-22 Contagious Disease Control (can be found at: http://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-22)
- (From SD Secretary Tom Martinec): The bulk of the statutes dealing with communicable disease control can be found in SDCL Chapter 34-22. In 2015, they revised this chapter of code. The administrative rules concerning communicable disease control can be found in ARSD Article 44:20. The administrative rules contain the recently revised "Reportable Disease" list.
 - NY Health Codes (can be found at: <http://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article11.pdf>)
- Medical & Tribal Law and Policy Forum to Address Maternal Substance Abuse during Pregnancy
 - Executive Summary (See Attachment 2)
 - Current Stakeholders List (See Attachment 3)
- Good Samaritan Law
- (From SD Secretary Tom Martinec): Regarding the Good Samaritan law during the 2016 Legislative Session two bills were introduced that dealt with this issue. HB 1078 provided immunity for alcohol-related offenses and that bill was passed and will become law effective July 1, 2016. HB 1077 was a very similar bill but it specifically provided immunity for drug-related offenses. HB 1077 was not successful.
 - Nevada State Opioid Overdose Prevention Policy (can be found at: <http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB459.pdf>)

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Attachment 1

Non-communicable disease Epi-Aids, 2012–2016

- 2016-030: Undetermined risk factors for increase in fatal opioid overdoses — Massachusetts, 2015
- 2016-018: Undetermined risk factors for suicide among youth, ages 10-24 — Santa Clara County, CA, 2016
- 2016-012: Assessment of the built environment to promote physical activity and prevent non-communicable diseases— U.S. Virgin Islands, 2016
- 2016-003: Undetermined risk factors for fentanyl-related overdose deaths — Ohio, 2015
- 2015-035: Assessment of a national nutrition environment in response to a regional state of health emergency — Guam, 2015
- 2015-023: Adverse Health Effects Associated with Synthetic Cannabinoid Use — Mississippi, 2015
- 2015-020: Methyl Bromide Release at a Condominium Resort, US Virgin Islands, 2015
- 2015-015: Undetermined risk for childhood lead poisoning in the areas adjacent to informal battery recycling facilities Jakarta, Indonesia, 2015
- 2015-003: Undetermined risk factors for suicide among youth, ages 10-24—Fairfax County, VA, 2014
- 2014-064: Undetermined risk for childhood lead poisoning in the area surrounding a former lead paint production facility—Pennsylvania, 2014
- 2014-061: Children's Drowning Prevention—Washington State, 2014
- 2014-058: Increase in firearm violence—Delaware, 2014
- 2014-054: Asthma-Related Emergency Department Visits and Hospitalizations—Utah TriCounty Region, 2014
- 2014-044: Rapid assessment of retail food environment in response to a regional state of health emergency—America Samoa, 2014
- 2014-041: Community Assessment for Public Health Emergency Response (CASPER) for Rapid Identification of Disaster Response and Recovery Needs of Communities Affected by the Elk River Chemical Spill- West Virginia, 2014
- 2014-037: Investigation of undetermined risk factors for excess overdose mortality due to fentanyl, Rhode Island
- 2014-031: Undetermined Barriers to Contraceptive Implant Use for Unintended Pregnancy Prevention—Jamaica, 2014
- 2014-024: Public Health Response to Typhoon Haiyan in the Philippines
- 2014-023: Elk River Chemical Spill



- 2014-022: Risk Factors Associated with Drug Overdose Deaths, New Mexico
- 2014-019: Neonatal Mortality among Congolese and Burundian Refugees in Tanzania
- 2014-012: Pyrrolizidine Alkaloid-Associated Liver Disease, Ethiopia
- 2014-003: Cluster of vitamin K deficient bleeding in neonates in Tennessee
- 2013-083: Acute liver failure of unknown etiology
- 2013-079: Non-prescription Psychoactive Substance- related Intoxication Outbreak—Colorado, 2013
- 2013-078: Rapid assessment of the implementation of a smoking cessation intervention in public health clinics that serve low-income pregnant women, Ohio
- 2013-074: Arsenic Exposure in Private Well Drinking Water - New Mexico, 2013
- 2013-073: Steroid contamination of nutritional supplements
- 2013-071: Reproductive Health Surveillance among Syrian Refugees in Jordan
- 2013-057: Healthful Nutrition in Navajo Nation Stores
- 2013-052: Emergency Early Warning Surveillance for Syrian Refugees Living in Jordan
- 2013-051: Opiate-related overdoses in Rhode Island
- 2013-039: Impact of Drought Conditions on Private Well Owners
- 2013-032: Investigation of cluster of neural tube defects in eastern Washington
- 2013-029: Zinc Deficiency-Associated Dermatitis among premature babies due to zinc injection shortage
- 2013-021: Exposure to Vinyl Chloride, New Jersey
- 2013-019: Community experiences and perceptions of geothermal venting and emergency preparedness, California
- 2013-014: Investigation of school closures due to the Hurricane Isaac
- 2013-013: Shelter Surveillance post Hurricane Sandy
- 2013-010: Cluster of Hemophilia Inhibitors among Patients in a Single Institution, North Carolina
- 2013-003: Secondhand Smoke in Large Hub U.S Airports
- 2013-002: Development of Armed Violence Monitoring System in Burundi
- 2012-081: Emergency Disease Surveillance for Syrian Refugees

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2012-077: Community health effects of mercaptan exposure

2012-076: Community preparedness for emergencies

2012-075: Nodding Syndrome, Tanzania

2012-056: Prevention of Water-related Unintentional Injuries at Lake Mead National Recreation Area

2012-054: Injury Prevention In Zion National Park

2012-053: Epidemiologic and Economic Assessment of Current Practices and Feasibility of Universal Screening for Critical Congenital Heart Defects in Georgia

2012-049: Disparities in cancer incidence, mortality, and morbidity in Nebraska

2012-045: Mental and physical health status of Iraqi refugees resettled in the United States

2012-044: Suicide deaths among Delaware adolescents

2012-039: Acceptance and understanding of National Weather Service (NWS) winter weather warnings

2012-033: Survey of maternity hospitals to assess what if any criteria are used by Iowa maternity hospitals for elective inductions and elective c-sections

2012-026: Suicide Among Bhutanese Refugees in the United States

2012-021: Public health response to multiple tornados

2012-007: Mental and physical health status of Iraqi refugees resettled in the United States

2012-005: Community Assessment for Public Health Emergency Response (CASPER) to assess physical and mental health needs of Gulf Coast communities one year following the Deepwater Horizon Oil Spill event



Attachment 2

Medical & Tribal Law and Policy Forum to Address Maternal Substance Abuse during Pregnancy

Background and Public Health Significance: Substance abuse disorders rank second to anxiety disorders as a leading cause of mental health disorders (National Council for Behavioral Health, 2015). A survey conducted in 2005 found that the prevalence of individuals with any mood or anxiety disorder with any drug abuse disorder is 40.9% and 29.9% respectively (Conway et al., 2006). Moreover, addiction is considered by the National Institute on Drug Abuse as a “chronic disease similar to other chronic diseases such as type II diabetes, cancer, and cardiovascular disease” (National Institute on Drug Abuse, 2005). Therefore, in order to implement effective interventions that successfully counteract the effects of addiction on the brain, substance abuse must be considered a chronic illness and treated as such.

In particular, substance abuse is a significant problem for American Indian and Alaska Native (AI/AN) communities and are linked to increases in violence, injuries, and exacerbation of mental health problems including suicide (Gray et al., 1999). Research has shown that American Indian women have the highest rate of illicit drug use among all ethnic groups in the United States (SAMSHA, 2006). Furthermore, American Indians/Alaska Natives (AI/AN) represent 2.1% of all admissions to public drug use treatment facilities (SAMSHA, 2004). Of these, 36% of admitted patients were American Indian women (SAMSHA, 2004). The most common causes for AI/AN admission to treatment facilities are for alcohol, methamphetamines, marijuana, and cocaine/crack abuse disorders (SAMSHA, 2006).

Pregnant women who use drugs have a higher likelihood of having a child who is affected by their addiction. The effects of various substances on a baby are well substantiated- such as Fetal Alcohol syndrome, premature birth, low birth weight, growth retardation, high blood pressure, stress, placenta previa, and even newborn death (Gray et al., 1999). Based on previous studies, AI/AN women were more likely than any other ethnic group to have met criteria for past year need for substance abuse treatment (Center for Substance Abuse Treatment, 2009). Alcohol abuse in particular is a significant issue among AI/AN women which is exemplified in a four state study conducted for two years which demonstrated that fetal alcohol syndrome (FAS) among AI/AN women occurred at a rate of 3.2 per 1,000 population compared with 0.4 per 1,000 in the total population (Hymbaugh et al., 2002). Northern Plains Tribes have identified that the substantial rate of substance abuse among pregnant American Indian women is an important issue, and thus have established it as a public health priority.

In the state of South Dakota’s judicial system, if a pregnant woman is found to be using drugs while pregnant, then it is considered child abuse under civil child-welfare statutes and the mother can be civilly committed (Guttmacher Institute, 2016). Furthermore, lawful policies are not in place to assist a woman who has been incarcerated for substance abuse during pregnancy, which further fuels the cycle that promotes this behavior (Center for Reproductive Rights, 2000). Most importantly, each of the nine tribes



in South Dakota address substance abuse during pregnancy differently according to their respective tribal laws, if such laws exist.

Purpose: The purpose of this forum is to address substance abuse during pregnancy through a culturally competent, evidence-based medical approach through the collaboration between key stakeholders working within this domain. The primary goal of the forum is to craft laws and policies targeted towards improving this public health issue through the incorporation and implementation of culturally competent, evidence-based medical interventions as the primary resource for pregnant American Indian women with substance abuse disorders with the criminal justice system as a secondary resource should these interventions fail. These new laws and policies would treat substance abuse in pregnant women as a chronic disease, with a gradient approach to criminalization only if evidence-based medical care interventions fail. A woman's substance abuse involves complex factors that need to be addressed in a way that allows for women to get the treatment they need without fear of criminalization for seeking help (Center for Reproductive Rights, 2000). For this reason, it is imperative that a forum be held in order to align across jurisdictions: tribal, state, federal and other organizations to discuss the issues and effects of criminalizing pregnant American Indian women with substance abuse disorders.

Objectives:

- To ensure there are evidence based health care protocol for medical providers for addressing maternal substance abuse disorders during pregnancy
- Assist a tribe in an assessment of behavioral health, substance abuse and related services for addressing maternal substance abuse disorders during pregnancy
- Work with SAMHSA, the Oglala Sioux Nation Attorney General, Tribal Health Director, Substance Abuse Treatment, Indian Health Service and other key organizations to bolster systems to better address maternal substance abuse disorders during pregnancy
- Work on developing educational and prevention public service announcements on how various forms of addictive substances alter the brain as well as other body systems.

Action Plan: The goal of this forum is to develop and implement policy and laws to treat maternal substance abuse disorders during pregnancy.

- The first step will be to formulate a team of key individuals and organizations that have a stake in this domain via bimonthly phone calls. These calls are intended to identify essential treatment services for pregnant women with substance abuse disorders.
- Additionally, the calls will discuss barriers to treatment for pregnant women with substance abuse disorders. All concerns and comments regarding the current policies and practices, as well as additional resources will be considered for purposes of the forum.
- We will compile all relevant policies, research, and practices that address this topic, and we will remain conscientious of all culturally relevant practices with respect to pregnant women and unborn

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- children that may be unique to each tribe. We aim to incorporate these into the appropriate laws and policies for each tribe where applicable.
- We will facilitate drafting new culturally relevant, evidence-based laws for South Dakota and Tribal Nations possibly utilizing existing Colorado laws as a model.
- We will assist in developing legal and policy resource materials for tribes in the Northern Plains region. The end products will be disseminated during a multi-jurisdictional legal forum to be hosted by the Oglala Sioux Tribe. Thus, the combination of efforts focused on behavioral health/substance abuse, and law and policy issues will be presented at the forum on maternal substance abuse during pregnancy.

A handwritten signature in black ink, appearing to read "Tatewin Means".

Tatewin Means
Attorney General, Oglala Sioux Tribe

A handwritten signature in black ink, appearing to read "Jennifer Giroux".

Jennifer Giroux, MD
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A handwritten signature in black ink, appearing to read "Diclones Poirier".

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A handwritten signature in black ink, appearing to read "Carolyn Criss".

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Attachment 3

CURRENT MEDICAL & TRIBAL LAW AND POLICY STAKEHOLDERS

ATTC

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Delores Pourier

Oglala Suicide Prevention Center Director
Health Administrator
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SISSETON WAHPETON OYATE TRIBE

Sara DeCoteau, Health Coordinator

Sisseton-Wahpeton Oyate of the Lake Traverse Reservation

CHEYENNE RIVER SIOUX TRIBE

Judge Brenda Claymore

Cheyenne River Sioux Tribe
Civil Court

SAMHSA

Kim Nelson

Regional Administrator Region VII (KS, IA, NE, MO)
Substance Abuse and Mental Health Services Administration (SAMHSA)

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Michael Carlow, Principal

Thorpe Family
Pine Ridge School

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Favian Kennedy, MSW

Anpetu Luta Otipi @ Oglala Sioux Tribe
Department of Public Safety, Inc., J. D. C. A Oglala Sioux Tribe
MSW Director of the Health Education and Promotion Council (HEAPC)
Oglala Sioux Tribe

Bruce Gillette, BA, LAC

Circle of Life @ three affiliated tribes

Karen Foxx, BS, LADC

Intertribal Treatment Center @ Nebraska Urban Indian Health Coalition

Duane Silk,

Standing Rock Treatment Program @ Standing Rock Sioux Tribe

Peggy St. Clair, MSC, CPC, LADC

H.E.A.R.T. Program @ Santee Sioux Nation

Teton Ducheneaux, Ph.D.

Ospaye Topa Oasninya Oti @ Cheyenne River Sioux Tribe

Donna Keeler, MA

South Dakota Urban Indian Health @ Sioux Falls

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WOMEN'S ORGANIZATIONS

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Native Women's Society of the Great Plains

Eileen Briggs, President

North American Indian Women's Organization

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Executive Director

MOMS program

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The Network for Public Health Law—Northern Region